TITLE IV-E ELIGIBILITY

Application Adoption Assistance Monthly Subsidy for Non Foster Child

	Application Date:					
Ch	nild/Adoptive Fa	mily Information	1			
	ame of Child (last, fi	•	Social Security Number	Date of Birth	ID#	
C	urrent Address: (stre	eet, city, state, zip)		County		
A	doptive Parent Name	e(s) if known		Telephone #		
1.	Citizenship: Is the	he child a U.S. citiz	zen?	,		
	Yes	(Attach copy of birth certificate.)				
	No	If no, has child b	een permanently admitted to	the U.S.?		
		Yes	Date of entry into U.S(Attach copy of INS card.)			
		No				
2.	SSI Status: Is the Administration?	e child receiving or	has the child been determin	ned eligible for S	SI by the Social Security	
	Yes	(Attach copy of award letter from the Social Security Administration.)				
	No	Go to question 3				
3.	Previous IV-E Adassistance?	doption Assistance	: In a previous adoption, di	d the child recei	ve Title IV-E adoption	
	Yes	(Attach copy of p	previous adoption assistance	agreement)		
	No	STOP Child is	not eligible for a IV-E adopti	on assistance mo	nthly subsidy	

Were FBI national criminal history record checks completed for all adults living in the prospective adoptive home AND if any prospective adoptive parent or adult living in the home has lived outside of Utah in the five years prior to the date of adoptive placement, has a child abuse and neglect registry						
					check been completed for each state in which they r	esided?
					Yes	
No						
NA Petition for adoption was filed with the cou	rt prior to April 1, 2007.					
I have read and understand the information included in the information I have provided is true and correct. I unders may result in prosecution for fraud. I understand that I n decision made on this application, and I have the right to	tand that any false information on this application hay request a fair hearing if I disagree with any					
Signature	Date					